



Alaska Department of Health and Social Services

2020 Title V Needs Assessment Summary June 2020



Perinatal/Infant Health

The Title V Maternal and Child Health Services Block Grant Program promotes and improves the health and well-being of Alaska’s mothers, children, young adults and families. Every five years, states are required to conduct a comprehensive, statewide needs assessment to assist with strategic planning and resource allocation. States survey the community and review data in order to select priority areas to focus their work for the 5-year grant cycle. Below is a summary of needs assessment findings and priority areas for Alaska’s perinatal/infant health population.

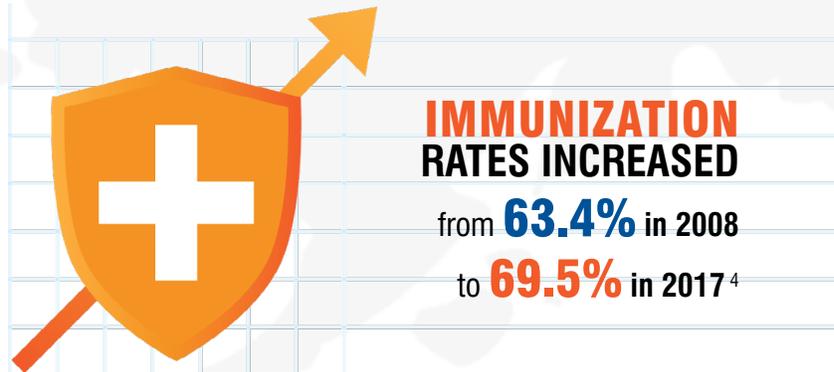
Strengths + Successes

Infant Nutrition + Breastfeeding

- Over 90% of Alaska mothers initiate breastfeeding.¹
- Compared to other states, Alaska has some of the highest duration and exclusivity breastfeeding rates in the nation.²

Smoking

- Prenatal smoking has decreased significantly from 22% in 1996 to 12% in 2017.³



The needs assessment asked participants to identify what the state maternal child public health system is doing well. Strengths noted included newborn screenings, the safe sleep campaign and Alaska’s low perinatal mortality rates.

“The screenings, including metabolic screenings, are going great,” and “The EHDI [Early Hearing Detection and Intervention] system is doing well in supporting infants with hearing loss.”

– Needs assessment survey respondents

▶ Challenges, Gaps, + Needs

Infant Mortality

- Alaska’s infant mortality rate (IMR) was 5.9 per 1,000 births in 2018, identical to the U.S. rate.⁵
 - Increased from 2015 (5.18 per 1,000 births).⁵
 - Post-neonatal deaths (between 28 days to 1 year after birth), are higher in Alaska than the U.S. average.⁵
- Alaska Native IMR is higher than the Alaska average (10.7 per 1,000 births).⁵

Low Birth Weight

- Low birth weight births are higher among mothers enrolled in Medicaid than among mothers NOT enrolled in Medicaid (7.1% vs. 4.7%).⁵
- Of Alaskan births, 5.9% are low birth weight, a significant increase from 4.8% in 1990.⁵

In Alaska, the preterm birth rate among **ALASKA NATIVE/AMERICAN INDIAN** women is **48% HIGHER** than the rate among all other women.⁶



Three priority areas were identified to address during the needs assessment to improve Alaska’s perinatal/infant health:

Substance Use in Family:

- Of the 214 Alaskan infant deaths reviewed between 2018-2019, 70% of all non-hospitalized infant deaths were sudden unexpected infant deaths (SUID); caregiver substance use was a factor in 18% of SUIDs.⁷
- Alaska’s Fetal Alcohol Syndrome prevalence is estimated at 1.6 per 1,000 live births (2007-2015), which is higher than U.S. estimates (between 0.3-1.5).⁸
- 5.9% of mothers who recently delivered a live birth drank during the last 3 months of pregnancy and 9.5% reported marijuana use during pregnancy.¹

Child Abuse, Neglect + Family Violence:

- Assaults are the second leading cause of injury hospitalizations among infants.⁹
- By age 3, nearly 1 in 4 children born in Alaska will experience at least 2 Adverse Childhood Experiences (ACEs).¹⁰
- Children born to mothers reporting pre-birth intimate partner violence (IPV) are nearly five times as likely to have OCS contact by age 2 compared with children born to women who don’t report pre-birth IPV.¹⁰
- 3.1% of new mothers self-reported experiencing physical abuse during the 12 months before pregnancy and 2.2% reported physical abuse during pregnancy.¹

Parental Depression + Mental Health Issues

- 13.4% of Alaskan women with a recent live birth reported experiencing postpartum depressive symptoms, compared to 12.5% nationally.¹¹
 - Maternal depression is a risk factor for the socioemotional and cognitive development of children.¹²

Title V Priorities for 2020-2024

Increase the number of children who are living in safe, stable, nurturing environments.

Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of infants and toddlers and women of childbearing age.

Increase connection to behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.

Increase or promote equitable access to medical and pediatric specialty care and family supports for Children and Youth with Special Healthcare Needs (CYSHCN).

Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of Adverse Childhood Experiences (ACEs).

Increase safe and healthy relationships.

Strengthen systems, services and partnerships to help families and health care providers respond to the impact of a collective emergency, disaster or other trauma.

Key Strategies

To address the challenges, gaps and needs that were highlighted during the needs assessment, the State of Alaska's Section of Women's, Children's and Family Health developed strategies to guide actions for the next five years. A few key strategies are listed below. The complete strategy list is included in the 2020-2024 Title V Five-Year State Action Plan, which will be available on the [Alaska Title V website](#) once finalized.

- Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for high risk families, including caregivers who use tobacco.
- Partner with birth center clinical staff to effectively screen pregnant/post-partum people for substance use including tobacco, alcohol, marijuana and substances that may impair judgment, including prescribed medications, in order to identify infants at high risk for SUID.

The Title V Administrative Agency in Alaska is the Section of Women's, Children's and Family Health, located in the Department of Health and Social Services.

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